

Department of the Treasury
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2000 calendar year, or tax year period beginning Jul 1, 2000, and ending Jun 30, 20 01

B Check if applicable:

- ☐ Change of address
- ☐ Change of name
- ☐ Initial return
- ☐ Final return
- ☐ Amended return

Please use
IRS label
or print
or type.
See
specific
instruc-
tions.

C Name of organization

WOMENS CIVIC IMPROVEMENT CLUB, INC.

Number & street (or P.O. box if mail is not delivered to street addr) Room/suite

3555 3RD AVENUE

City, Town or Country

SACRAMENTO

State ZIP code

CA 95817

D Employer identification number

94-1179480

E Telephone number

(916) 457-8661

F Check ☐ if application pendingG Organization type (check only one) ☒ 501(c) 3 (insert no.) ☐ 527 or ☐ 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) _____K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data.

Some states require a complete return.

Note: H and I are not applicable to section 527 orgs.

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If "yes," enter number of affiliates _____

H (c) Are all affiliates included? ☐ Yes ☐ No
(If "no," attach a list. See instructions)H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

I Enter 4-digit group exemption no. (GEN) _____

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ☐

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

1 Contributions, gifts, grants, and similar amounts received:					
a Direct public support	1a	36,114.			
b Indirect public support	1b				
c Government contributions (grants)	1c	562,688.			
d Total (add lines 1a through 1c) (cash \$ 598,802. noncash \$)	1d	598,802.			
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2				
3 Membership dues and assessments	3	11,476.			
4 Interest on savings and temporary cash investments	4	221.			
5 Dividends and interest from securities	5				
6a Gross rents	6a	22,132.			
b Less: rental expenses	6b	10,898.			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c	11,234.			
7 Other investment income (describe _____)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	300,000.	(B) Other	
b Less: cost or other basis and sales expenses	8b	300,000.			
c Gain or (loss) (attach schedule) See L-8 Stmt	8c	0.			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	0.			
9 Special events and activities (attach schedule)					
a Gross revenue (not including ... \$ of contributions reported on line 1a)	9a	10,797.			
b Less: direct expenses other than fundraising expenses	9b	3,877.			
c Net income or (loss) from special events (subtract line 9b from line 9a) See L-9 Stmt	9c	6,920.			
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	628,653.			
13 Program services (from line 44, column (B))	13	516,238.			
14 Management and general (from line 44, column (C))	14	123,897.			
15 Fundraising (from line 44, column (D))	15	0.			
16 Payments to affiliates (attach schedule)	16				
17 Total expenses (add lines 16 and 44, column (A))	17	640,135.			
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-11,482.			
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	832,323.			
20 Other changes in net assets or fund balances (attach explanation)	20				
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	820,841.			

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (attach sch)	23				
24 Benefits paid to or for members (attach sch)	24				
25 Compensation of officers, directors, etc	25	56,836.	51,152.	5,684.	0.
26 Other salaries and wages	26	265,666.	241,443.	24,223.	0.
27 Pension plan contributions	27				
28 Other employee benefits	28	45,564.	41,555.	4,009.	0.
29 Payroll taxes	29	27,701.	24,931.	2,770.	0.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	15,996.	13,502.	2,494.	0.
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	60,106.	27,692.	32,414.	0.
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	4,766.	3,993.	773.	0.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	11,777.	11,777.	0.	0.
43 Other expenses (itemize):					
a REPAIRS & MAINT	43a	24,770.	3,368.	21,402.	0.
b INSURANCE	43b	5,478.	2,228.	3,250.	0.
c NUTRITION & FOOD	43c	43,849.	43,849.	0.	0.
d OTHER PARENT SERVICES	43d	6,909.	6,909.	0.	0.
e See Other Expenses Stmt	43e	70,717.	43,839.	26,878.	0.
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	640,135.	516,238.	123,897.	0.

Reporting of Joint Costs — Did you report in column (B) (program services) any joint costs from a combined educational campaign and fundraising solicitation? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to program services \$ _____; (iii) the amount allocated to management and general \$ _____; and (iv) the amount allocated to fundraising \$ _____.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ☒ ASSIST LOW INCOME AND DISADVANTAGED PEOPLE

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)

a CHILD DEVELOPMENT - HEAD START - PROVIDE EARLY CHILDHOOD EDUCATION TO DOZENS OF CHILDREN FROM LOW INCOME AND/OR DISADVANTAGED FAMILIES IN SACRAMENTO, CA (Grants and allocations \$ _____ 0.)	454,686.
b SENIOR & LOW INCOME NUTRITION - PROVIDED THOUSANDS OF LOW COST MEALS TO SEVERAL HUNDRED SENIOR AND LOW INCOME PERSONS. MEALS ARE PROVIDED EVERY WEEKDAY IN SACRAMENTO, CA (Grants and allocations \$ _____ 0.)	51,552.
c CHILD DELINQUENCY - PROVIDE CHILD DELINQUENCY PREVENTION SERVICES TO DOZENS OF LOW INCOME AND DISADVANTAGED YOUTH IN SACRAMENTO, CA (Grants and allocations \$ _____ 0.)	10,000.
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	516,238.

Part IV Balance Sheets (See instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	29,852.	45	117,777.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	11,578.		
	b Less: allowance for doubtful accounts	0.	5,853.	47 c 11,578.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts			48 c
	49 Grants receivable	54,439.	49	44,963.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach schedule) ..			
	b Less: allowance for doubtful accounts		51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments — land, buildings, & equipment: basis ..			
	b Less: accumulated depreciation (attach schedule)		55 c	
56 Investments — other (attach schedule)		56		
57 a Land, buildings, and equipment: basis	856,254.			
b Less: accumulated depreciation (attach schedule)	43,372.	1,124,080.	57 c 812,882.	
58 Other assets (describe ►		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	1,214,224.	59	987,200.	
LIABILITIES	60 Accounts payable and accrued expenses	81,901.	60	104,139.
	61 Grants payable		61	
	62 Deferred revenue		62	62,220.
	63 Loans from officers, directors, trustees, and key employees (attach schedule) ..		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)	300,000.	64 b	0.
	65 Other liabilities (describe ►		65	
66 Total liabilities (add lines 60 through 65)	381,901.	66	166,359.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	826,389.	67	817,512.
	68 Temporarily restricted	5,934.	68	3,329.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	832,323.	73	820,841.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	1,214,224.	74	987,200.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	810,208.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		
(3)	Recoveries of prior year grants		
(4)	Other (specify): SEE STMT		
	\$ 181,555.	b	181,555.
	Add amounts on lines (1) through (4)	c	628,653.
c	Line a minus line b		
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	\$	d	
	Add amounts on lines (1) and (2)	e	628,653.
e	Total revenue per line 12, Form 990 (line c plus line d)		

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	821,690.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify): SEE STMT		
	\$ 181,555.	b	181,555.
	Add amounts on lines (1) through (4)	c	640,135.
c	Line a minus line b		
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	\$	d	
	Add amounts on lines (1) and (2)	e	640,135.
e	Total expenses per line 17, Form 990 (line c plus line d)		

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
BRENDA USHER 3555 3RD AVE, SAC, CA	PRESIDENT 2	0.	0.	0.
TIM BURESS 3555 3RD AVE, SAC, CA	1ST VP 1	0.	0.	0.
CYNTHIA BIRD 3555 3RD AVE, SAC, CA	2ND VP 1	0.	0.	0.
KELLY MONTGOMERY 3555 3RD AVE, SAC, CA	TREASURER 1	0.	0.	0.
PETER BRIKIE 3555 3RD AVE, SAC, CA	REC SEC 1	0.	0.	0.
GRACE CARTER-DOUGLAS 3555 3RD AVE, SAC, CA	FIN SEC 1	0.	0.	0.
JULIE PADILLA 3555 3RD AVE, SAC, CA	CORR SEC 1	0.	0.	0.
WILLIAM BOYER 3555 3RD AVE, SAC, CA	MEMBER 1	0.	0.	0.
EDENAU SEGBOYE DAVIS 3555 3RD AVE, SAC, CA	EXECUTIVE DIR 40	56,836.	12,833.	0.
See List of Officers, Etc. Statement		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No

If 'Yes,' attach schedule — see instructions.

Part VI Other Information (See specific instructions.)

	N/A	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	77		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b If 'Yes,' enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81a Enter the amount of political expenditures, direct or indirect, as described in the instructions 81a 0.	81a		
b Did the organization file Form 1120-POL for this year?	81b		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) 82b	82b		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A	
c Dues, assessments, and similar amounts from members	85c	N/A	
d Section 162(e) lobbying and political expenditures	85d	N/A	
e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g Does the organization elect to pay the Section 6033(e) tax on the amount in 85f?	85g	N/A	
h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: Section 4911 0.; Section 4912 0.; Section 4955 0.			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958			0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90a List the states with which a copy of this return is filed CALIFORNIA	90a		16
b Number of employees employed in the pay period that includes March 12, 2000 (see instructions)	90b		16
91 The books are in care of BOOKKEEPER Telephone number (916) 457-8661 Located at 3555 3RD AVENUE, SACRAMENTO CA ZIP code 95817			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92			

Part VII Analysis of Income-Producing Activities (See instructions.)

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					11,476.
95 Interest on savings & temporary cash invmnts			14	221.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	11,234.	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	6,920.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				18,375.	11,476.
105 Total (add line 104, columns (B), (D), and (E))					29,851.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	PROVIDES OPPORTUNITY FOR CITIZENS TO PROMOTE ACTIVITIES IN SUPPORT OF LOW INCOME AND DISADVANTAGED PEOPLE WHICH PURPOSE FORMS THE BASIS OF THE ORGANIZATIONS TAX EXEMPTION.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If 'Yes' to b, file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (See instructions.)	
	Signature of Officer <i>[Signature]</i>	Date <i>5/14/02</i> Type or Print Name and Title <i>Executive Dir.</i>
Paid Preparer's Use Only	Preparer's Signature <i>[Signature]</i>	Date <i>5/14/02</i>
	Firm's name (or yours if self-employed) and address, and ZIP code	Check if self-employed <input checked="" type="checkbox"/> Preparer's SSN or PTIN
	JAMES H. FRITZSCHE, CPA 875 UNIVERSITY AVENUE SACRAMENTO CA 95825	68-0433311
	EIN	Phone no
	68-0433311	(916) 929-4450

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information — (See separate instructions.)

OMB No. 1545-0047

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the Organization WOMENS CIVIC IMPROVEMENT CLUB, INC.	Employer Identification Number 94-1179480
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	None			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	None	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ... \$	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See P.L. 990	2d	X
e Transfer of any part of its income or assets?	2e	X
If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.		
3 Does the organization make grants for scholarships, fellowships, student loans, etc?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)		

Part IV Reason for Non-Private Foundation Status (See instructions.)The organization is not a private foundation because it is (please check only **One** applicable box):

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A**Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.**Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	734,775.	538,646.	509,747.	501,894.	2,285,062.
16 Membership fees received	16,678.	10,850.	2,397.	1,825.	31,750.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	73,076.	7,076.	3,697.	12,949.	96,798.
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	144.	266.	32.	88.	530.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	22,450.				22,450.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	19,191.	11,721.	18,976.	7,881.	57,769.
23 Total of lines 15 through 22	866,314.	568,559.	534,849.	524,637.	2,494,359.
24 Line 23 minus line 17	793,238.	561,483.	531,152.	511,688.	2,397,561.
25 Enter 1% of line 23	8,663.	5,686.	5,348.	5,246.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 47,951.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b 23,498.
c Total support for Section 509(a)(1) test: Enter line 24, column (e)					26c 2,397,561.
d Add: Amounts from column (e) for lines: 18 530. 19					
22 57,769. 26b 23,498.					26d 81,797.
e Public support (line 26c minus line 26d total)					26e 2,315,764.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 96.59 %

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each 'disqualified person.' Enter the sum of such amounts for each year:

(1999) _____ (1998) _____ (1997) _____ (1996) _____

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the **larger** of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(1999) _____ (1998) _____ (1997) _____ (1996) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____	
17 _____ 20 _____ 21 _____	27c _____
d Add: Line 27a total _____ and line 27b total _____	27d _____
e Public support (line 27c total minus line 27d total)	27e _____
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)

Part V Private School Questionnaire (See instructions.)
(To be completed Only by schools that checked the box on line 6 in Part IV)

		N/A		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31			
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)					

32	Does the organization maintain the following:				
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c			
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32 d			
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)					

33	Does the organization discriminate by race in any way with respect to:				
a	Students' rights or privileges?	33 a			
b	Admissions policies?	33 b			
c	Employment of faculty or administrative staff?	33 c			
d	Scholarships or other financial assistance?	33 d			
e	Educational policies?	33 e			
f	Use of facilities?	33 f			
g	Athletic programs?	33 g			
h	Other extracurricular activities?	33 h			
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)					

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34 a			
b	Has the organization's right to such aid ever been revoked or suspended?	34 b			
If you answered 'Yes' to either 34a or b, please explain using an attached statement.					

35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35			

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **Only** by an eligible organization that filed Form 5768)

N/A

- Check here **a** ☐ if the organization belongs to an affiliated group.
Check here **b** ☐ if you checked 'a' above and 'limited control' provisions apply.

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations												
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table — <table><thead><tr><th>If the amount on line 40 is —</th><th>The lobbying nontaxable amount is —</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 40</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>	If the amount on line 40 is —	The lobbying nontaxable amount is —	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is —	The lobbying nontaxable amount is —														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.															

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non-taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach this form to your return.

2000
67

Name(s) Shown on Return

WOMENS CIVIC IMPROVEMENT CLUB, INC.

Business or Activity to Which This Form Relates

Form 990, page 2

Identifying Number

94-1179480

Part I Election to Expense Certain Tangible Property (Section 179)

Note: If you have any 'listed property,' complete Part V before you complete Part I.

1	Maximum dollar limitation. If an enterprise zone business, see instructions	1	\$20,000.
2	Total cost of Section 179 property placed in service. See instructions	2	
3	Threshold cost of Section 179 property before reduction in limitation	3	\$200,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter amount from line 27	7	
8	Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1999. See instructions	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year
(Do not include listed property.)**Section A - General Asset Account Election**

- 14 If you are making the election under Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions ☐

Section B - General Depreciation System (GDS) (See instructions)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property		580.	5	HY	SL	58.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C - Alternative Depreciation System (ADS) (See instructions)

16a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part III Other Depreciation (Do not include listed property.) (See instructions)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	11,719.
18	Property subject to Section 168(f)(1) election	18	
19	ACRS and other depreciation	19	

Part IV Summary (See instructions)

20	Listed property. Enter amount from line 26	20	
21	Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	21	11,777.
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to Section 263A costs	22	

Part V**Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A – Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)****23a** Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **23b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected Section 179 cost
---	-------------------------------	---	----------------------------	--	------------------------	--------------------------	-------------------------------	---------------------------------

24 Property used more than 50% in a qualified business use (see instructions):

25 Property used 50% or less in a qualified business use (see instructions):

26 Add amounts in column (h). Enter the total here and on line 20, page 1**26****27** Add amounts in column (i). Enter the total here and on line 7, page 1**27****Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
28 Total business/investment miles driven during the year (do not include commuting miles – see instructions)						
29 Total commuting miles driven during the year						
30 Total other personal (noncommuting) miles driven						
31 Total miles driven during the year. Add lines 28 through 30						
	Yes	No	Yes	No	Yes	No
32 Was the vehicle available for personal use during off-duty hours?						
33 Was the vehicle used primarily by a more than 5% owner or related person?						
34 Is another vehicle available for personal use?						

Section C – Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons. See instructions.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 35, 36, 37, 38, or 39 is 'Yes,' you need not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code Section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	--	-----------------------------------

40 Amortization of costs that begins during your 2000 tax year (see instructions):

41 Amortization of costs that began before 2000**41****42** **Total.** Add amounts in column (f). See instructions for where to report**42**

Name
WOMENS CIVIC IMPROVEMENT CLUB, INC.

Employer Identification Number
94-1179480

Part I, Line 8, Column (A) Securities

Public Securities

Description	Gross Sales Price	Basis	
Publicly Traded Securities		Cost	
		Selling Expenses	
		Basis	

Nonpublic Securities

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

Total Securities

Gain or (Loss) from Sale of Securities

Part I, Line 8, Column (B) Other Assets

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
LAND AND BUILDING	01/01/90 PURCHASE	12/26/00 KYNSHIP DEV CO	300,000.	Cost	300,000.
				Depreciation	
				Basis	300,000.
				Donation FMV	
-----	-----	-----	-----	Cost	-----
-----	-----	-----	-----	Depreciation	-----
-----	-----	-----	-----	Basis	-----
-----	-----	-----	-----	Donation FMV	-----
-----	-----	-----	-----	Cost	-----
-----	-----	-----	-----	Depreciation	-----
-----	-----	-----	-----	Basis	-----
-----	-----	-----	-----	Donation FMV	-----
-----	-----	-----	-----	Cost	-----
-----	-----	-----	-----	Depreciation	-----
-----	-----	-----	-----	Basis	-----
-----	-----	-----	-----	Donation FMV	-----

Total Other Assets 300,000. 300,000.

Gain or (Loss) from Sale of Other Assets 0.

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
CRAB FEED	6,405.		6,405.	1,833.	4,572.
E BOOK	1,345.		1,345.	1,350.	-5.
MEMBER TEA	1,463.		1,463.	200.	1,263.
OTHER EVENTS	1,584.		1,584.	494.	1,090.
Total	<u>10,797.</u>		<u>10,797.</u>	<u>3,877.</u>	<u>6,920.</u>

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses (itemize)				
OTHER	34,672.	7,794.	26,878.	0.
TECHNICAL/TA	36,045.	36,045.	0.	0.
Total	<u>70,717.</u>	<u>43,839.</u>	<u>26,878.</u>	<u>0.</u>

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND	51,190.	0.	51,190.
BUILDINGS & IMPROVEMENTS	621,235.	33,468.	587,767.
FURNITURE, FIXTURES & EQUIPMENT	183,829.	9,904.	173,925.
Total	<u>856,254.</u>	<u>43,372.</u>	<u>812,882.</u>

Form 990, Page 4, Part V

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
TONGELA BREMMIUM 3555 3RD AVE, SAC, CA	YOUTH COORD 1	0.	0.	0.
AUDREY COTTON 3555 3RD AVE, SAC, CA	MEMBER 1	0.	0.	0.

Form 990, Page 4, Part V

Continued

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
DR. DAVID COVIN 3555 3RD AVE, SAC, CA	MEMBER 1	0.	0.	0.
MARETTA DUNIGAN 3555 3RD AVE, SAC, CA	MEMBER 1	0.	0.	0.
LOUIS NICOLS 3555 3RD AVE, SAC, CA	MEMBER 1	0.	0.	0.
Total		0.	0.	0.

Supporting Statement of:

Form 990 p 1/Line 6b

Description	Amount
SALARIES	3,259.
BENEFITS AND PAYROLL TAXES	739.
REPAIR & MAINTENANCE	2,752.
UTILITIES	1,800.
INSURANCE	2,348.
Total	<u>10,898.</u>

Supporting Statement of:

Form 990 p 3/Line 64b, column (A)

Description	Amount
WESTMOR PARTNERS	221,000.
THE CADLE COMPANY	49,000.
TRACE CONSTRUCTION	25,000.
H.E. MOORE	5,000.
Total	<u>300,000.</u>

Supporting Statement of:

Form 990 p 4/Part IV-A, Line b(4)

Description	Amount
RENTAL EXPENSES - LINE 6b	10,898.
FUNDRAISING EXPENSES - LINE 9b	3,877.
IN-KIND DONATIONS	166,780.
Total	<u>181,555.</u>

Supporting Statement of:

Form 990 p 4/Part IV-B, Line b(4)

Description	Amount
RENTAL EXPENSES - LINE 6b	10,898.
FUNDRAISING EXPENSES - LINE 9b	3,877.
INKIND DONATIONS	166,780.
Total	<u>181,555.</u>

Supporting Statement of:

Sch. A, 990 p 3/Line 22-a

Description	Amount
NET RENTAL REVENUE	19,191.
Total	<u>19,191.</u>

Supporting Statement of:

Sch. A, 990 p 3/Line 22-b

Description	Amount
NET RENTAL REVENUE	11,721.
Total	<u>11,721.</u>

Supporting Statement of:

Sch. A, 990 p 3/Line 22-c

Description	Amount
NET RENTAL INCOME	18,976.
Total	<u>18,976.</u>

Supporting Statement of:

Sch. A, 990 p 3/Line 22-d

Description	Amount
NET RENTAL INCOME	7,881.
Total	<u>7,881.</u>

Supporting Statement of:

Sch. A, 990 p 3/Line 26b

Description	Amount
THE CADLE COMPANY - 1999	71,000.
TRACE CONSTRUCITON - 1999	48,400.
LESS 2% (47,951 * 2)	-95,902.

If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note: Only complete **Part II** if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or Print	Name of Exempt Organization	Employer Identification Number	
	WOMENS CIVIC IMPROVEMENT CLUB, INC.		94-1179480
	Number, Street, and Room or Suite Number. If a P.O. Box, See Instructions.		For IRS Use Only
	3555 3RD AVENUE #		
File by the extended due date for filing the return. See instructions.	City, Town or Post Office, State, and ZIP Code. For a Foreign Address, See Instructions.		
	SACRAMENTO CA 95817		

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

Stop: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does **not** have an office or place of business in the United States, check this box ☐ **X**
- If this is for a **group return**, enter the organizations four digit Group Exemption Number (GEN) If this is for the **whole** group, check this box ☐ **X**. If it is **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until May 15, 2002.
- 5 For calendar year _____, or other tax year beginning Jul 1, 2000 and ending Jun 30, 2001.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ... ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature JH Fritzsch Title CPA Date 2/11/02

Notice to Applicant – To be Completed by the IRS

- ☒ We **have** approved this application. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other: _____

Director _____ By: _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or Print	Name
	JAMES H. FRITZSCHE, CPA
	Number and Street (include suite, room, or apartment number) or a P.O. Box Number
	875 UNIVERSITY AVENUE
	City or Town, Province or State, and Country (including postal or ZIP code)
	SACRAMENTO CA 95825

BAA

Form 8868 (Rev 12-2000)